WOMEN WITH PROMISE

Scholarship Application

Notice

The following pages include the scholarship application and instructions for completing the application. Read the instructions carefully and complete the application in its entirety to prevent any delays in processing. Please keep a copy of your completed application for your reference.

WOMEN
WITH PROMISE

Application Information

The Women with Promise Scholarship Program began in 2018 as part of our commitment to women in Dallas and Collin counties on their journey to expand their education. Advancing in education allows women to effectively support themselves and their family, instills a sense of pride and accomplishment and sets a foundation for educating future generations.

Our funds target women who face significant financial and personal challenges and barriers. Support is available for full and part-time students to assist with tuition, books and associated fees. Scholarships are awarded based on need, number of sponsors and donations received.

All information contained in this application will be considered confidential. The Women with Promise Scholarship Program does not discriminate in its selection process on the basis of race, color, creed, disability, national/ethnic origin, age, religion, sexual orientation or disabled veteran/Vietnam era veteran status.

Eligibility Requirements

A woman who meets the following requirements is eligible to apply:

- Resident of Dallas or Collin county;
- Is a US citizen or permanent legal resident of the US or has immigration status which makes her eligible for FAFSA;
- Accepted into an accredited course of study in an accredited certification program or institution (College, University, Trade/Vocational school) in Dallas or Collin county or an on-line program;
- Has partnered with a non-profit organization or social agency for at least six months; has a sponsor within that organization/agency who agrees to provide mentoring support throughout the educational process;
- Has a demonstrated need for financial assistance.

Application Instructions

Please complete the application in its entirety. Apply online or print the PDF form and submit it via email or mail.

Application Sections

Section 1: Applicant Information
- Part A: Background
- Part B: Employment
- Part C: Upcoming Education
- Part D: Financial Information

Section 2: Narrative
Section 3: Sponsorship
Section 4: Reference
Section 5: Release Form

Documents You Will Need to Provide

1. W-2 or 1099
2. Academic plan which includes the degree you are working towards, tentative semester schedule and an overview of your education plan
3. Institution's invoice showing all charges for the course(s) you plan to attend
4. Copy of your financial aid award letter if you received financial aid
5. Copy of the first page of your Federal Income Tax Return filed for the past two (2) years
6. Economic plan which includes budgeting of time and money based on your current resources (refer to page 7)
7. Typed two (2) – five (5) page narrative (refer to page 6)
8. Your sponsoring agency's 501(c)(3) verification letter

Submission and Review of the Application

The completed application needs to be submitted via email to womenwithpromise@yahoo.com or via mail to Attn: Women with Promise, PO Box 671151, Dallas, TX 75367. Applications are reviewed in the order in which there are received. Applicants will be notified in writing of the status. Please allow for up to 30 days for review, approval process and notification.

WOMEN WITH PROMISE SCHOLARSHIP APPLICATION

Section 1: Applicant Information

Part A: Background

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____

Are you a US citizen or are a permanent legal resident? YES ☐ NO ☐

If permanent legal resident, provide #: _____

If no, please explain the current status of residency, type of Visa and #: _____

Have you been convicted of a crime in the past 5 years? YES ☐ NO ☐

If yes, please explain. (The conviction of a crime is not in itself grounds for disqualification for a scholarship but will be reviewed along with all additional information.) _____

List all individuals living in your home in addition to you:

Referral Source/How did you learn about this scholarship program? _____

Part B: Employment

Name of Company/Organization: _____ Phone: _____

Address: _____

Job Title/Responsibilities: _____

Date of Hire/Currently Employed: _____

Hourly Rate of Pay: _____ Hours Worked per Week: _____

Name/Title of Supervisor: _____

If you are not currently working, please explain: _____

If seeking employment, what steps have you taken to find employment?

Part C: Education

Have you graduated from high school and/or received your GED? YES ☐ NO ☐

If yes, what school did you attend and what year did you graduate: _____

Have you attended any certification program, trade/technical/vocational school, community college, or college/university? YES ☐ NO ☐

If yes, please provide the name of the program, school and when attended:

_____

Name of Certification Program, School or College/University you are seeking to attend:

_____

Have you been accepted into the program? YES ☐ NOT YET ☐

If you have not been accepted, when do you anticipate acceptance? _____

Certification/Degree Seeking: _____

Date of Anticipated Graduation or completion of certification: _____

List of courses intending to take:

Course Name:	_____	Course No.:	_____	No. Credits:	_____
Course Name:	_____	Course No.:	_____	No. Credits:	_____
Course Name:	_____	Course No.:	_____	No. Credits:	_____
Course Name:	_____	Course No.:	_____	No. Credits:	_____
Course Name:	_____	Course No.:	_____	No. Credits:	_____

Total requested amount for tuition/books/fees: _____

Part D: Financial Information

Income: include monthly income from every individual living in your household:

Net Wages:	$ _____	Pell Grant:	$ _____
Unemployment Payments:	$ _____	SEOG/Other Grants:	$ _____
Food Stamps/WIC:	$ _____	TANF:	$ _____
Child Support:	$ _____	Student Loans (subsidized or unsubsidized):	$ _____
Alimony/Spousal Support:	$ _____	Scholarships:	$ _____
Child Care Subsidy:	$ _____	Tuition Waiver:	$ _____
HUD:	$ _____	Other:	$ _____ O: _____

Expenses Candidate is Responsible For:

Monthly Rent:	$ _____
Monthly Utilities:	$ _____
Monthly Car Payment:	$ _____
Monthly Food Expenses:	$ _____
Monthly Child Care (if applicable):	$ _____

List any loans/debts for which you are currently responsible:

Name: _____ Amount Owed: $_____

Name: _____ Amount Owed: $_____

Name: _____ Amount Owed: $_____

Name: _____ Amount Owed: $_____

Name: _____ Amount Owed: $_____

Are any of these loans in deferment/default? YES ☐ NO ☐

If yes, please explain: _____

What additional forms of assistance for your educational expenses have you applied for or received?

_____

_____

_____

Savings: $_____

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

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Section 2: Narrative

Attach a separate typed statement answering each of the following questions. Your statement should be two (2) to five (5) pages double spaced with your name on each page.

1. Provide an example of a challenge you have faced and the specific steps you took to overcome the challenge.
2. What do you view as your greatest strength and your greatest opportunity to grow as an individual? Provide an example of how you have applied your greatest strength in your life.
3. What challenge(s) do you anticipate may impact your ability to complete your educational plan? Examples include: transportation, child care, managing part-time work while attending school). What resources have you identified to help you with these?
4. Please provide any additional information that you believe is important to consider in understanding why you should be considered for the scholarship.

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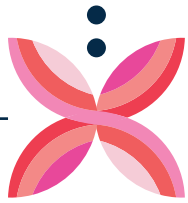
Section 3: Sponsorship

It is the responsibility of the candidate to identify a sponsoring agency (a non-profit or social services agency – 501(c)(3)) that she has worked with for a minimum of six (6) months/or three (3) months. The sponsoring agency agrees to sponsor (provide support and advocacy) for the candidate's educational efforts.

1. Review your academic plan with your sponsoring agency's advocate; must include the degree/certification seeking, specific classes, tentative semester schedule and an overview of the full academic plan.
2. Review your financial plan which should incorporate current financial obligations and needs throughout the educational experience.
3. Identify support network, resources available within the community for medical care, transportation, acclimating to the language, campus and system of the school or training program.
4. The sponsoring agency must complete the "Sponsor Agreement" form and include the agency's 501(c)(3) verification letter.



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Sponsorship Agreement

Women who have access to consistent support and guidance while in school are generally better positioned for success. The WWP Scholarship program requires each candidate to have the support of a sponsoring organization for a minimum of six (6) months prior to being awarded a scholarship. A sponsoring agency is defined at any non-profit with a 501(c)(3) designation or another social services agency.

The sponsoring agency agrees to provide support, encouragement and advocacy to the scholarship candidate should she be awarded the scholarship. An agency advocate is to be assigned to the student to assist in the following:

- Development and regular review of the education plan;
- Development and regular review of the economic plan that includes current financial obligations and anticipated financial needs, both personal and academic;
- Identification of steps needed for the following:
    - Transportation
    - Childcare
    - Healthcare
- Assist in helping the candidate develop an appropriate network and learn how to navigate the campus setting/ systems.

To Be Completed By Sponsoring Agency Advocate

Name of Candidate: _____

Name of Sponsoring Agency: _____

Include a copy of the agency's verification of the 501 (c)(3) document.

When did the candidate begin partnering with the agency? Month/Year _____

What specific involvement has the candidate had with the agency?

_____

_____

_____

_____

_____

What specific involvement did the agency have in the development/review of the economic and academic plan?

_____

_____

_____

_____

_____

How will the education program/course assist the candidate in achieving her goals?

What do you anticipate the challenges will be for the candidate to complete the academic plan? Please include potential issues with transportation, childcare and healthcare.

Signature

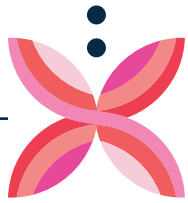
Agency Advocate Signature: _____ Date: _____

Name of Agency Advocate: _____

Title of Advocate: _____

Phone Number: _____

Email: _____



WOMEN WITH PROMISE SCHOLARSHIP APPLICATION

Authorization for Release of Information

To Be Completed By Scholarship Candidate

The purpose of this authorization is to assist Women With Promise in assessing the candidate's progress toward meeting their education goals and ensuring that sufficient resources are in place to support the candidate's personal economic plan.

This form authorizes _____ (Agency Advocate) to share essential information about me _____ (Candidate Name) with an authorized representative of Women With Promise.

I hereby authorize the release by my sponsoring agency, _____ (Agency Name), to Women With Promise of any information requested by Women With Promise pertaining to myself or my family.

I hereby fully release and agree to indemnify my sponsoring agency and Women With Promise from any and all liability relating to the disclosure or use of my personal information or the personal information of my family.

This authorization, liability release, and indemnity agreement shall be in effect until I notify, in writing, my sponsoring agency and Women With Promise that this authorization is no longer valid.

Disclaimer and Signatures

Any information shared with Women With Promise will remain confidential to the extent permitted by law.

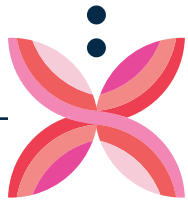
Candidate Signature: _____ Date: _____

Candidate Name: _____

Agency Advocate Signature: _____ Date: _____

Name of Agency Advocate: _____

Name of Sponsoring Agency: _____



WOMEN WITH PROMISE SCHOLARSHIP APPLICATION

Reference Form

In 2018, Women With Promise began a scholarship program as part of our commitment to make a difference in the lives of North Texas women. Our committee would appreciate your answers to the below questions either on this form or in an attached letter. Please return the completed form to the candidate or email it to womenwithpromise@yahoo.com.

To Be Completed By Reference

Name of Candidate: _____ Date: _____

How long have you known this candidate? _____

In what capacity have you known this candidate? _____

In your interactions with the candidate, what have you witnessed as her greatest strength? Her greatest opportunity to grow personally and/or professionally?

What is your knowledge of the candidate's educational goals and her progress towards achieving these goals?

What do you view as the challenge(s) she will need to work through to achieve her goals?

Please provide additional information that you believe is relevant to the application for the scholarship?

Signature

Reference Signature: _____ Date: _____

Name of Reference: _____

Phone Number: _____

Email: _____

City/State: _____

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Section 5: Release Form

Photo, Image and Print Release Form (To be utilized if awarded scholarship)

I, _____ with a mailing address of _____ city of _____, state of _____ (the "Releasor") grant permission and consent to **Women With Promise** (the "Releasee") for the use of the photographs and images as identified below for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustration, advertising, promotional materials, press releases and news announcements, social media, and web content:

> Women With Promise website, email communications, Facebook, LinkedIn, Twitter, Instagram and other Women With Promise electronic and print media

I understand that I may revoke this authorization at any time by notifying the Releasee in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

We, the Releasor and Releasee, understand and agree to the aforementioned terms and conditions.

Signature

Releasor Signature: _____ Date: _____

Releasor Name: _____

For Internal Use Only

Releasee Signature: _____ Date: _____

Releasee Name: _____